

Case Number:	CM13-0009449		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2008
Decision Date:	04/03/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32 year-old male who was injured on 11/18/2008. According to the 8/8/13 rheumatology report from [REDACTED] the patient has rheumatoid arthritis. [REDACTED] recommended gabitidine, theratramadol and trepoxen. On 8/6/13 UR had denied these medications based on the 7/12/13 medical report. According to the 7/12/13 report from [REDACTED], the patient presents with total body pain, problems sleeping, and morning gel phenomenon.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

GABITIDINE 300MG#90.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient has been seeing [REDACTED] for management of rheumatoid arthritis, apparently involving the left knee and both wrists. There is a dispute with the UR decision against the use of Gabitidine, an H2 receptor antagonist. MTUS Guidelines, states these can be used if there is dyspepsia from NSAIDs. The report from [REDACTED] does not mention

dyspepsia or any GI issues, or discuss the MTUS risk factors for GI events. There is an orthopedic report dated 8/23/13 from [REDACTED], but this report does not discuss use of any NSAIDs, or report any GI symptoms that might require an H2 receptor antagonist. Based on the information provided, the patient does not meet the MTUS requirements for use of Gabapentin.

THERATRAMADOL 50MG#90.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG, Pain Chapter - Theramine).

Decision rationale: The patient has been seeing [REDACTED] for management of rheumatoid arthritis, apparently involving the left knee and both wrists. I have been asked to review for Theratramadol, which is a compounded medication with tramadol, and the medical food Theramine. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG guidelines, specifically state that theramine is not recommended. The request is not in accordance with MTUS or ODG guidelines.

TREPOXEN 250MG#120.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Anti-inflammatory Medications, Page(s): 111-113, 22. Decision based on Non-MTUS Citation ODG pain chapter, online for Trepadone and ODG pain chapter for Medical Food.

Decision rationale: The patient has been seeing [REDACTED] for management of rheumatoid arthritis, apparently involving the left knee and both wrists. I have been asked to review for trepoxen, which is a compounded medication with naproxen and the medical food Trepadone. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG guidelines, specifically state that trepadone "is a proprietary blend of L-arginine, L-glutamine, choline bitartrate, L-serine and gamma aminobutyric acid [GABA]. It is intended for use in the management of joint disorders associated with pain and inflammation" and then refers readers to the ODG individual sections on L-Arginine, Glutamic Acid, Choline, L-Serine, and GABA. On looking at ODG under L-arginine, it states: This supplement is not indicated in current references for pain or "inflammation"." The L-arginine is not recommended by ODG, therefore the whole compounded medication that contains L-arginine is not recommended.

